

DEPARTMENT OF SOCIAL SERVICES



January 7, 1983

ALL-COUNTY LETTER NO. 83-03

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOTICE OF ACTION (FORM NA991) REVISION

REFERENCE: ALL-COUNTY LETTER NO. 82-24; ALL-COUNTY LETTER NO. 82-85

This letter is being issued to transmit revised Notice of Action (Form NA991 (11/82) RCA, ECA, MC-Decrease/Expiration (time-expiration)) in camera-ready format.

Reason for Revision

Changes to the financial computation section of Form NA991 (3/82) are necessary as a result of a July 29, 1982 U.S. District Court Order in Turner vs. Woods. The court found that in the AFDC Program mandatory deductions do not constitute income and must be excluded from gross earned income prior to the application of other disregards.

Additional Information

Recipients of Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA) are affected by the results in Turner vs. Woods, as aid computation procedures for the AFDC Program, with the exception of the \$30 and one-third earned income disregard, are applicable to the RCA and ECA components of the Refugee Resettlement Program and Cuban/Haitian Entrant Program.

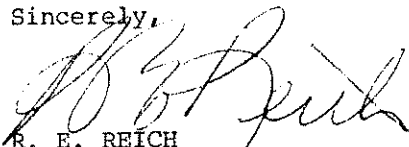
For Medi-Cal purposes, the county should continue to follow the procedures outlined in the Department of Health Services' Medi-Cal Eligibility Manual, Section 2F and the Department of Social Services' All-County Letter No. 82-24. The above-mentioned July 29, 1982 court order does not affect the Medi-Cal Program. The only eligible factor for receipt of cash-based Medi-Cal is receipt of RCA/ECA.

For Food Stamp purposes, the county should continue to follow the procedures outlined in the Food Stamp Manual, Division 63 of the DSS' Manual of Policy and Procedures. As with the Medi-Cal Program, the order in Turner vs. Woods does not affect the Food Stamp Program.

A camera-ready copy of Form NA991 (11/82) is attached. Counties should destroy existing stocks of Form NA991 (3/82). A supply of the form will be available from the State Warehouse in approximately two weeks. In the meantime, reproduce the form locally using the attached camera copy. The effective date of the revised cash grant computation addressed in All-County Letter 82-85 is to be applied to both RCA and ECA cases; therefore, if any RCA or ECA cases were adversely affected by the use of Form NA991 (3/82) beginning in the month of September 1982, retroactive benefits shall be applied.

Questions regarding RCA or ECA should be directed to your CWD Operations Bureau Consultant in the Office of Refugee Services at (916) 322-3141 or (415) 557-8588, as appropriate. Questions regarding Medi-Cal should be directed to your Medi-Cal Program Consultant at (916) 445-1912. Questions regarding the Food Stamp Program should be directed to your Food Stamp Program Consultant at (916) 322-5475. Questions regarding other language translations should be directed to the SDSS Language Services Unit at (916) 323-9562.

Sincerely,



R. E. REICH  
Chief Deputy Director

Attachment

cc. CWDA  
ORR-SF

# Notice of Action

If you have questions or want more information about this notice, please contact your worker.

Case Name:  
Case Number:  
Worker:  
Phone:  
Date:

- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be decreased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month on the effective date shown below. Your aid payment is based on the number of persons in your household, and the following persons will be discontinued from cash assistance and cash based Medi-Cal effective \_\_\_\_\_. Persons: \_\_\_\_\_

| Computation Of Monthly Aid Payment      |         | Net Nonexempt Income Computation                 |         | Name | Name | Name |
|---|---------|--|---------|------|------|------|
| Maximum Aid Payment for _____ Persons   | _____   | Total Earned Income                              | =       |      |      |      |
| Special Needs (Specify) _____           | + _____ | Inc. Tax, Soc. Sec. and Disab. Ins.              | =       |      |      |      |
| _____                                   | + _____ | Standard Work Expense Disregard                  | =       |      |      |      |
| Net Nonexempt Income                    | = _____ | Dependent Care Expense Disregard                 | =       |      |      |      |
| Total Grant                             | = _____ | Subtotal   | =       |      |      |      |
| Overpayment Adjustment (see page _____) | - _____ | Other Countable Income                           | + _____ |      |      |      |
| Monthly Aid Payment                     | = _____ | _____  | + _____ |      |      |      |
|   |         | Court Ordered Child Spousal Support Paid         | = _____ |      |      |      |
|   |         | • Net Nonexempt Income                           | = _____ |      |      |      |
|   |         | or   |         |      |      |      |
|   |         | • Net Nonexempt Income Total (columns 1 + 2 + 3) | = _____ |      |      |      |

- ☐ Your monthly aid payment and cash based Medi-Cal received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be discontinued effective \_\_\_\_\_.
- ☐ You will receive a separate Notice of Medi-Cal-Only eligibility.
- ☐ Other Medi-Cal Action: \_\_\_\_\_

## Reason:

These changes are required by Federal regulations which limit refugee/entrant aid payments and cash based Medi-Cal eligibility to 18 months from the person's month and year of entry into the United States. It has been determined from a review of immigration documents that you or the persons named above will have exceeded this period of eligibility on the effective date shown above.

## Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR parts 400 and 401; 45 CFR 205.10; California Administrative Code Title 22, Sections 50183(a)(3) and 50227.

## Comments:

You or the persons discontinued may be eligible for further public assistance through other aid programs. Please contact your county welfare department for more information. Refugees/Entrants receiving aid payments under the AFDC Program are not affected by this notice or the 18-month eligibility limit.

State welfare regulations are available for review at the local office of the county welfare department.

Information about family planning services is available from the county welfare department on request.

**State Hearing.** If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

## NA: Back 1 (Cash Aid)